



## AIM RECOMMENDATION FORM

Student's Name: \_\_\_\_\_  
Last First Middle Preferred

Student's Address: \_\_\_\_\_  
P.O. Box Number and Street Address

City/Town State Country Zip Code

Student's Signature & date: \_\_\_\_\_

The student above is applying to the U. S. Coast Guard Academy AIM Program. Please complete this form as accurately as possible and return two copies to the applicant, each in a sealed envelope. Please sign your name over each seal to ensure confidentiality. Thank you!

Your Name: \_\_\_\_\_

Your Occupation: \_\_\_\_\_

Your Telephone Number: \_\_\_\_\_

How long have you known this student? \_\_\_\_\_

In what capacity have you known this student? \_\_\_\_\_

Do you stipulate confidentiality when submitting letters of recommendation? ☐ Yes ☐ No

Your Signature & date: \_\_\_\_\_

Please provide written comments concerning this student's aptitude to perform at a military Service Academy. If you desire to attach a separate sheet, please include the students' full name on the top of each page and staple to this form. Your consideration is greatly appreciated.